Kansas Drug Utilization Review Newsletter

Health Information Designs, LLC ***2nd Quarter 2019***

Welcome to the Quarterly edition of the "Kansas Drug Utilization Review Newsletter", published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

Helpful Web Sites

KMAP Web Site
https://www.kmap-state-ks.us/

KDHE-DHCF Web Site
http://www.kdheks.gov/hcf/

KanCare Web Site
http://www.kancare.ks.gov/

Fee-For-Service (FFS) Helpful Numbers

Provider Customer Service (Provider Use Only)
1-800-933-6593

Beneficiary Customer Service
1-800-766-9012

KMAP PA Help Desk
1-800-285-4978

In This Issue:

Contraception

There are approximately 61 million U.S. women of reproductive age (15–44 years of age). Seventy (70) percent of those women are sexually active and not pursuing pregnancy. Those who do not use any method of contraception have approximately an 85 percent chance of becoming pregnant per year. Sixty (60) percent of women are currently using some method of contraception; the majority falling under nonpermanent, hormonal methods. When used consistently and correctly, modern contraceptives are, on average, 95 percent effective at preventing unwanted pregnancy. Contraceptive failure rates are defined as the percentage of users who will become pregnant within the first 12 months of initiating use. The contraceptive implant and the IUD are the most effective reversible contraceptive methods available. The failure rate is around 1 percent due to eliminating user intervention.

While contraceptive services and supplies can be costly, research has shown that investment in contraceptives results in downstream healthcare cost savings. For example, in 2010, every $1.00 invested in covering contraceptives saved $7.09 in Medicaid expenditures that would otherwise have been used to pay the medical costs of pregnancy, delivery and early childhood care. The Affordable Care Act (ACA) requires most private health plans to cover a designated list of preventive services, including all FDA-approved contraceptive methods for women.

Contraception agents consist of hormonal and non-hormonal products, and are available in various formulations including tablets, patches, inserted rings, injections, implants, and intrauterine devices (IUDs). Despite the variety of contraceptive products available, the individual agents that share a similar dosage form are comparable in failure rates.

The most common means of contraception is the oral contraceptive pill (OCP). There are two basic forms of OCPs: combined hormonal contraceptives (CHCs) and progestin-only pills. The CHCs are commonly called "the pill" and contain two hormones: estrogen and progestin. The progestin-only pill is sometimes called the "mini-pill" and only contains one hormone: progestin. Progestins thicken the cervical mucus, slow tubal motility, and induce endometrial atrophy – which provide the most contraceptive effect. Progestin-only pills tend to be less effective than CHCs, as ovulation may not be blocked in 40 percent of women. Progestins that are currently used in OCPs include desogestrel, drospirenone, ethynodiol diacetate, norgestimate, norethindrone, norethindrone acetate, norethynodrel, norgestrel, and levonorgestrel, the active isomer of norgestrel. Estrogens work primarily to stabilize the endometrial lining and provide cycle control. Estrogens that are currently used in OCPs include ethinyl estradiol and mestranol.

Contraception, cont.

The menstrual cycle consists of different phases correlating to ovarian hormone levels. CHCs are available in single (monophasic) and multi-phasic formulations. Monophasic OCPs contain the same amounts of estrogen and progestin in the 21-active pills. Biphasic, triphasic, and 4-phasic OCPs were developed to decrease the total monthly hormonal dose, attempt to reduce breakthrough bleeding, and mimic the natural 28-day hormonal cycle. No significant clinical differences in bleeding patterns were documented.

The least expensive OCPs include the following:

Progestin-only: Tulana, Norlyda, norethindrone, Nora-BE, Lyza, Jencycla, Incassia, Errin, Camila
Monophasic: Altavera, Levora, Lillow, Marlissa, Portia, Chateal
Biphasic: Azurette, Bekyree, Kariva, Viorele
Triphasic: Tri Femynor, Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Sprintec
4-phasic: Natazia (the most expensive OCP currently available)

There are alternatives to a daily OCP that act as a non-permanent means of contraception. Long-acting reversible contraception (LARC) is appropriate for those seeking a long-term reliable method.

Injection: Progestin, injected into buttocks or arm
Intrauterine devices (IUDs):
Copper IUD: Non-hormonal, inserted in uterus, lasts for up to 10 years
Levonorgestrel IUD: Small amount of progestin released daily, inserted in uterus, lasts for up to 5 years
Implant: Progestin, inserted under the skin in the upper arm

Formulation	Things to Consider
Tablet	Dose: High vs intermediate vs low Dosing cycles: Monthly vs 3-months vs continuous Hormone: Estrogen vs Progestin vs combination **Failure rate: 7%**
Patch	Application site rotation One set dose Duration of use: 1 week **Failure rate: 7%**
Inserted Ring	Ability to insert correctly One set dose Duration of use: 3 weeks **Failure rate: 7%**
Injection	Appropriate for when compliance is an issue Duration of use: 3 months (13 weeks) **Failure rate: 4%**
Implant	Physician-administered Duration of use: 3 years **Failure rate: 0.01%**
IUD	Physician-administered Duration of use: 5-10 years Hormonal vs non-hormonal **Failure rate: hormonal 0.1-0.4%, non-hormonal: 0.8%**

Contraception, cont.

Due to the high level of similarity in efficacy between the various contraceptive agents available, the determination of which agent, formulation, and dose should largely be made based on patient-specific factors such as comorbidities and other risk factors, tolerability, compliance, and patient preference. The costs associated with each formulation and specific agent should also be considered when selecting a specific contraceptive.

Cost considerations are not always necessarily readily apparent and can be made from multiple perspectives. As an example, the initial cost of an IUD is much greater than that of OCPs and injections. However, the average monthly cost of these agents (based on National Average Drug Acquisition Cost) is far less. The average monthly cost of OCPs, injections, implants, and hormonal and non-hormonal IUDs are $28, $26, $30, $17, and $8.09 respectively*. Furthermore, use of IUDs compared to OCPs may result in less user error, fewer pharmacy and clinic/office visits, and a lower failure rate, all of which can improve patient outcomes and reduce overall healthcare costs.

**The associated costs of the injections, implants, and IUDs is not calculated in these costs; therefore, the administration fees of the one-time insertion or 3-month injection is estimated to be higher.*

For questions regarding OCPs and LARC coverage, please see the KDHE-DHCF Web Site at http://www.kdheks.gov/hcf/.

References:

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Guttmacher Institute. "Contraceptive Use in the United States." Guttmacher Institute, 26 July 2018, www.guttmacher.org/fact-sheet/contraceptive-use-united-states.

NADAC (National Average Drug Acquisition Cost) as of 2019-06-12 - HealthData.gov. Available at https://www.medicaid.gov/medicaid/prescription-drugs/pharmacy-pricing/index.html.

Trussell J, Lalla AM, Doan QV, Reyes E, Pinto L, Gricar J. Cost effectiveness of contraceptives in the United States [published correction appears in Contraception. 2009 Aug;80(2):229-30]. Contraception. 2009;79(1):5–14. doi:10.1016/j.contraception.2008.08.003

Generic Medications

Recently Approved Generic Drugs:

February 2019	March 2019	April 2019
Levofloxacin (Iquix) ophth.	Ambrisentan (Letairis)	Bosentan (Tracleer)
Deferiprone (Ferriprox)	Aliskiren (Tekturna)	Rufinamide (Banzel) Suspension
Levomilnacipran (Fetzima)	Pyridostigmine (Mestinon)	Everolimus (Afinitor Disperz)
Acyclovir (Zovirax) cream	Bepotastine (Bepreve)	Naloxone (Narcan) Nasal Spray
		Loteprednol (Lotemax) Ophth.
		Mifepristone (Mefeprex)
		Naftifine (Naftin)

Upcoming Generic Drugs:

Generic Name	Brand Name	Anticipated Launch
Pregabalin	Lyrica	July 1, 2019

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